

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Friends of Schumer

Full Name (Last, First, Middle Initial)

A. Visa, Inc.

Date of Disbursement

M M / D D / Y Y Y Y
04 01 2015

Mailing Address 900 Metro Center Boulevard

City State Zip Code
San Mateo CA 94404

Purpose of Disbursement
Reception-Facilities

003

Category/
Type

Amount of Each Disbursement this Period

400.00

Transaction ID : D567970

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B. Express EMPS

Date of Disbursement

M M / D D / Y Y Y Y
04 03 2015

Mailing Address PO Box 6600

City State Zip Code
Hagerstown MD 21740

Purpose of Disbursement
Credit Card Processing Fee

001

Category/
Type

Amount of Each Disbursement this Period

19.95

Transaction ID : D567291

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

C. ACTBLUE

Date of Disbursement

M M / D D / Y Y Y Y
05 04 2015

Mailing Address 366 Summer Street

City State Zip Code
Somerville MA 02144

Purpose of Disbursement
Credit Card Processing Fees

001

Category/
Type

Amount of Each Disbursement this Period

9.74

Transaction ID : D565091

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional).....

429.69

TOTAL This Period (last page this line number only).....